## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

			or <u>Fax</u>	(703) 746-4000		
INSTRUCTIONS: This for appropriate. All further cor indicated unless corrected I maintenance fee notification	rm should be used for transcrespondence including the below or directed otherwisens.	Patent, advance or in Block 1, by (a	E FEE and PUBL ders and notificatio ) specifying a new	ICATION FEE (if requirement of maintenance fees correspondence address	uired). Blocks 1 through 5 s will be mailed to the current s; and/or (b) indicating a sepa	hould be completed when correspondence address a arate "FEE ADDRESS" fo
	CE ADDRESS (Note: Use Block 1 for	rany change of address)		Note: A certificate o Fee(s) Transmittal, T papers. Each addition	f mailing can only be used finis certificate cannot be used all paper, such as an assignmente of mailing or transmission.	or domestic mailings of the for any other accompanying ent or formal drawing, mus
44200 75	590 01/12/2005			have its own certifica	te of mailing or transmission.	<u>.</u>
32270 TELEGRAP SUITE 225		Z AND COHN	LLP	Ce I hereby certify that t States Postal Service addressed to the Ma transmitted to the US	ertificate of Mailing or Transhis Fee(s) Transmittal is bein with sufficient postage for final Stop ISSUE FEE address PTO (703) 746-4000, on the control of	smission g deposited with the Unite st class mail in an envelop above, or being facsimil late indicated below.
BINGHAM FARMS, MI 48025-2457 15/2005 DENHANU2 00000135 503145 10029853					K. Olson	(Depositor's name
				Suc	a. KALL	(Signature
FC:1501 1400.00 DA					4/11/2005	(Date
APPLICATION NO.	FILING DATE	1	FIRST NAMED INVE	NTOR.	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/029,853	12/31/2001		James Thomas C	ook	209593-81522	5316
TITLE OF INVENTION. II	OSE STRUCTURE, FORM	IOLATION FOR A	KOBBER TOBE O	SED MERLIN AND	METHOD OF MAKING THE	THOSE STRUCTURE
APPLN. TYPE	SMALL ENTITY	ISSUE FI	BE I	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	1	\$0	\$1400	04/12/2005
EXAMINER		ART UNIT		CLASS-SUBCLASS	7	
HOOK, JAMES F		3754		138-126000	-	
CFR 1.363).	e address or indication of "F dence address (or Change of 22) attached.	,	(1) the names of or agents OR, alt	•	ent attorneys 1 Honigm and Co	
CFR 1.363).  Change of correspond Address form PTO/SB/12  "Fee Address" indicate	e address or indication of "F dence address (or Change of 22) attached. tion (or "Fee Address" Indic or more recent) attached. Us	Correspondence	(1) the names of or agents OR, alt (2) the name of a registered attorned	up to 3 registered pate ematively, a single firm (having as by or agent) and the nar attorneys or agents. I	and Co a member a nes of up to	an Miller Schw hn LLP
CFR 1.363).  Change of correspond Address form PTO/SB/12  "Fee Address" indicat PTO/SB/47; Rev 03-02 c	dence address (or Change of 22) attached. tion (or "Fee Address" Indic or more recent) attached. Us	Correspondence ation form e of a Customer	(1) the names of or agents OR, alt (2) the name of a registered attorne 2 registered pater listed, no name w	up to 3 registered pate ematively, a single firm (having as ey or agent) and the nar at attorneys or agents. I will be printed.	and Co a member a nes of up to	
CFR 1.363).  Change of correspond Address form PTO/SB/12  "Fee Address" indicat PTO/SB/47; Rev 03-02 c Number is required.  3. ASSIGNEE NAME AND	dence address (or Change of 22) attached. tion (or "Fee Address" Indic or more recent) attached. Us	Correspondence ation form e of a Customer BE PRINTED ON T	(1) the names of or agents OR, alt (2) the name of a registered attorn 2 registered pate listed, no name w	up to 3 registered pate ematively, a single firm (having as ey or agent) and the nar in attorneys or agents. I will be printed.	and Co a member a nes of up to	hn LLP
CFR 1.363).  Change of correspond Address form PTO/SB/12  "Fee Address" indicat PTO/SB/47; Rev 03-02 c Number is required.  3. ASSIGNEE NAME AND	dence address (or Change of 22) attached.  tion (or "Fee Address" Indic or more recent) attached. Us  DESIDENCE DATA TO E an assignee is identified be a 37 CFR 3.11. Completion	Correspondence ation form e of a Customer BE PRINTED ON T elow, no assignee of this form is NOT	(1) the names of or agents OR, alt (2) the name of a registered attorne 2 registered pater listed, no name when the PATENT (print data will appear on a substitute for fili	up to 3 registered pate ematively, a single firm (having as ey or agent) and the nar in attorneys or agents. I will be printed.	and Co a member a nes of up to f no name is  nee is identified below, the co	hn LLP
CFR 1.363).  Change of correspond Address form PTO/SB/12  "Fee Address" indicat PTO/SB/47; Rev 03-02 of Number is required.  3. ASSIGNEE NAME AND PLEASE NOTE: Unless recordation as set forth in (A) NAME OF ASSIGN	dence address (or Change of 22) attached.  tion (or "Fee Address" Indic or more recent) attached. Us  DESIDENCE DATA TO E an assignee is identified be a 37 CFR 3.11. Completion	Correspondence ation form e of a Customer BE PRINTED ON T elow, no assignee of this form is NOT	(1) the names of or agents OR, alt (2) the name of a registered attorne 2 registered pater listed, no name where PATENT (print data will appear on a substitute for filit) RESIDENCE: (CI	up to 3 registered pate ematively, a single firm (having as ey or agent) and the nan at attorneys or agents. I will be printed. for type) the patent. If an assign ng an assignment.	and Co a member a nes of up to f no name is  nee is identified below, the co	hn LLP
CFR 1.363).  Change of correspond Address form PTO/SB/12  "Fee Address" indicat PTO/SB/47; Rev 03-02 of Number is required.  3. ASSIGNEE NAME AND PLEASE NOTE: Unless recordation as set forth in (A) NAME OF ASSIGN	dence address (or Change of 22) attached.  tion (or "Fee Address" Indicor more recent) attached. Us  D RESIDENCE DATA TO E an assignee is identified by a 37 CFR 3.11. Completion  EE  n Corporation	Correspondence ation form e of a Customer BE PRINTED ON T elow, no assignee of this form is NOT	(1) the names of or agents OR, alt (2) the name of a registered attorns 2 registered pater listed, no name when the PATENT (print data will appear on a substitute for fili (2) (C)	Tup to 3 registered pate ematively, a single firm (having as ey or agent) and the narn tattomeys or agents. It is to type the patent. If an assign gan assignment.  TY and STATE OR COLLEVEL and, Oh	and Co a member a nes of up to f no name is  nee is identified below, the co	hn LLP
CFR 1.363).  Change of correspond Address form PTO/SB/12  "Fee Address" indicat PTO/SB/47; Rev 03-02 (Number is required.  3. ASSIGNEE NAME AND PLEASE NOTE: Unless recordation as set forth in (A) NAME OF ASSIGNIE  Please check the appropriate  4a. The following fee(s) are	dence address (or Change of 22) attached.  tion (or "Fee Address" Indicor more recent) attached. Us  D RESIDENCE DATA TO Estan assignee is identified by a 37 CFR 3.11. Completion  EE  Corporation  e assignee category or category	Correspondence ation form e of a Customer  BE PRINTED ON T elow, no assignee of this form is NOT  (B	(1) the names of or agents OR, alt (2) the name of a registered attorne 2 registered pater listed, no name when the PATENT (print data will appear on a substitute for fili print (C)	up to 3 registered pate ematively, a single firm (having as ey or agent) and the nar at attorneys or agents. It will be printed.  For type) the patent. If an assign an assignment.  TY and STATE OR CO.  leveland, Oh.	and Co a member a nes of up to f no name is  nee is identified below, the co DUNTRY)  10  Corporation or other private gr	hn LLP
CFR 1.363).  Change of correspond Address form PTO/SB/12  "Fee Address" indicat PTO/SB/47; Rev 03-02 of Number is required.  3. ASSIGNEE NAME AND PLEASE NOTE: Unless recordation as set forth in (A) NAME OF ASSIGNIE  Please check the appropriate  4a. The following fee(s) are	dence address (or Change of 22) attached.  tion (or "Fee Address" Indicor more recent) attached. Us  D RESIDENCE DATA TO Estan assignee is identified by a 37 CFR 3.11. Completion  EE  Corporation  e assignee category or category enclosed:	Correspondence ation form e of a Customer  BE PRINTED ON T elow, no assignee of this form is NOT  (B	(1) the names of or agents OR, alt (2) the name of a registered attorne 2 registered attorne 2 registered pater listed, no name when the PATENT (print data will appear on a substitute for fili print (C)	up to 3 registered pate ematively, a single firm (having as ey or agent) and the nar attorneys or agents. It will be printed.  For type) the patent. If an assign an assignment.  TY and STATE OR CO.  leveland, Oh Individual (1) Individual (2) Individual (3) Individual (3)	and Co a member a nes of up to f no name is  nee is identified below, the co DUNTRY)  io Corporation or other private gr nclosed.	hn LLP
CFR 1.363).  Change of correspond Address form PTO/SB/12  "Fee Address" indicat PTO/SB/47; Rev 03-02 of Number is required.  3. ASSIGNEE NAME AND PLEASE NOTE: Unless recordation as set forth in (A) NAME OF ASSIGNIE Eat of Please check the appropriate 4a. The following fee(s) are Issue Fee  Publication Fee (No see Address).	dence address (or Change of 22) attached.  tion (or "Fee Address" Indicor more recent) attached. Us  D RESIDENCE DATA TO Est an assignee is identified by a 37 CFR 3.11. Completion  EE  The Corporation  E assignee category or category enclosed:  Small entity discount permitted.	Correspondence ation form e of a Customer  BE PRINTED ON T elow, no assignee of this form is NOT  (B	(1) the names of or agents OR, alt (2) the name of a registered attorne 2 registered attorne 2 registered pate listed, no name where the PATENT (print data will appear on a substitute for fili of the control of the patent).  RESIDENCE: (CI C C C C C C C C C C C C C C C C C C	up to 3 registered pate ematively, a single firm (having as ey or agent) and the nar attorneys or agents. It is contype) the patent. If an assignment.  TY and STATE OR COLLEVEL and, Ohe Individual I	and Co a member a nes of up to f no name is  nee is identified below, the co DUNTRY)  10  Corporation or other private gr nclosed. 8 is attached.	hn LLP  locument has been filed for our entity Government
CFR 1.363).  Change of correspond Address form PTO/SB/12  "Fee Address" indicat PTO/SB/47; Rev 03-02 of Number is required.  3. ASSIGNEE NAME AND PLEASE NOTE: Unless recordation as set forth in (A) NAME OF ASSIGNIE  Please check the appropriate  4a. The following fee(s) are	dence address (or Change of 22) attached.  tion (or "Fee Address" Indicor more recent) attached. Us  D RESIDENCE DATA TO Est an assignee is identified by a 37 CFR 3.11. Completion  EE  The Corporation  E assignee category or category enclosed:  Small entity discount permitted.	Correspondence ation form e of a Customer  BE PRINTED ON T elow, no assignee of this form is NOT  (B	(1) the names of or agents OR, alt (2) the name of a registered attorne 2 registered attorne 2 registered pate listed, no name where the PATENT (print data will appear on a substitute for fili of the control of the patent).  RESIDENCE: (CI C C C C C C C C C C C C C C C C C C	up to 3 registered pate ematively, a single firm (having as ey or agent) and the nar attorneys or agents. It is contype) the patent. If an assignment.  TY and STATE OR COLLEVEL and, Ohe Individual I	and Co a member a nes of up to f no name is  nee is identified below, the co DUNTRY)  io Corporation or other private gr nclosed.	hn LLP  locument has been filed for our entity Government
CFR 1.363).  Change of correspond Address form PTO/SB/12  "Fee Address" indicat PTO/SB/47; Rev 03-02 of Number is required.  3. ASSIGNEE NAME AND PLEASE NOTE: Unless recordation as set forth in (A) NAME OF ASSIGNIE  Eat of Please check the appropriate  4a. The following fee(s) are  Issue Fee  Publication Fee (No standard Standard Standard Order - # of 5. Change in Entity Status	dence address (or Change of 22) attached.  tion (or "Fee Address" Indicor more recent) attached. Us  PRESIDENCE DATA TO Est an assignee is identified by a 37 CFR 3.11. Completion  EE  Corporation  e assignee category or category enclosed:  small entity discount permitter of Copies	Correspondence ation form e of a Customer  BE PRINTED ON T elow, no assignee of this form is NOT  (B pries (will not be pri 4b ed)	(1) the names of or agents OR, alt (2) the name of a registered attorne 2 registered attorne 2 registered pater listed, no name where the PATENT (print data will appear on a substitute for fili (1) RESIDENCE: (CI)  The don the patent)  Payment of Fee(s)  A check in the a Payment by creating the proposit Account N	up to 3 registered pate ematively, a single firm (having as ey or agent) and the nar attorneys or agents. It is or type) the patent. If an assign an assignment.  TY and STATE OR COLLEVEL and, Oh Individual Collevel and, Oh Ind	and Co a member a nes of up to f no name is  nee is identified below, the co DUNTRY)  10  Corporation or other private gr nclosed. 8 is attached.	hn LLP  locument has been filed for locument has been file
CFR 1.363).  Change of correspond Address form PTO/SB/12  "Fee Address" indicat PTO/SB/47; Rev 03-02 of Number is required.  3. ASSIGNEE NAME AND PLEASE NOTE: Unless recordation as set forth in (A) NAME OF ASSIGNIE  Eat of Please check the appropriate  4a. The following fee(s) are  Issue Fee  Publication Fee (No solution Advance Order - # of Stange in Entity Status  a. Applicant claims SI	dence address (or Change of 22) attached.  tion (or "Fee Address" Indicor more recent) attached. Us DRESIDENCE DATA TO E an assignee is identified by a 37 CFR 3.11. Completion EE  The Corporation e assignee category or category enclosed:  Small entity discount permitter of Copies	Correspondence ation form e of a Customer  BE PRINTED ON T elow, no assignee of this form is NOT  (B pries (will not be pries) 4b ed)  37 CFR 1.27.	(1) the names of or agents OR, alt (2) the name of a registered attorne 2 registered attorne 2 registered patel listed, no name where the PATENT (print data will appear on a substitute for filist (C)	up to 3 registered pate ematively, a single firm (having as ey or agent) and the nar attorneys or agents. It is to type) the patent. If an assignment.  TY and STATE OR COLLEGE and STATE OR COLLEGE and Oh Individual College amount of the fee(s) is edit card. Form PTO-203 hereby authorized by umber 50-3145	ent attorneys and Co a member a nes of up to f no name is  nee is identified below, the co DUNTRY)  10  Corporation or other private gr nclosed. 8 is attached. charge the required fee(s), or (enclose an extra co	oup entity Government Government Government any overpayment, to opy of this form).
CFR 1.363).  Change of correspond Address form PTO/SB/12  "Fee Address" indicat PTO/SB/47; Rev 03-02 of Number is required.  3. ASSIGNEE NAME AND PLEASE NOTE: Unless recordation as set forth in (A) NAME OF ASSIGNIE  Eat of Please check the appropriate  4a. The following fee(s) are  Issue Fee  Publication Fee (No solution Advance Order - # of Stange in Entity Status  a. Applicant claims SI	dence address (or Change of 22) attached.  tion (or "Fee Address" Indicor more recent) attached. Us DRESIDENCE DATA TO E an assignee is identified by a 37 CFR 3.11. Completion EE  The Corporation e assignee category or category enclosed:  Small entity discount permitter of Copies	Correspondence ation form e of a Customer  BE PRINTED ON T elow, no assignee of this form is NOT  (B pries (will not be pries) 4b ed)  37 CFR 1.27.	(1) the names of or agents OR, alt (2) the name of a registered attorne 2 registered attorne 2 registered patel listed, no name where the PATENT (print data will appear on a substitute for filist (C)	up to 3 registered pate ematively, a single firm (having as ey or agent) and the nar attorneys or agents. It is to type) the patent. If an assignment.  TY and STATE OR COLLEGE and STATE OR COLLEGE and Oh Individual College amount of the fee(s) is edit card. Form PTO-203 hereby authorized by umber 50-3145	and Co a member a nes of up to f no name is  nee is identified below, the co DUNTRY)  io Corporation or other private gr nclosed. 8 is attached. charge the required fee(s), or (enclose an extra co	oup entity Government Government from Government to Government to Government, to

unis form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.